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| PILLSBURY W<br>P.O. BOX 10500<br>MCLEAN, VA 2:   | P  | I hereby certify that this Fee(s) Transmittal is being deposited with the Unit States Postal Service with sufficient postage for first class mail in an envelo addressed to the Mail Stor ISSUE FEE address above, or being facsin transmitted to the USPTO (571) 273-2885, on the date indicated below. |   |   |  |   |  | ith the Unite<br>in an envelop<br>cing facsimil<br>below. |   |   |   |  |  |
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| APPLICATION NO.  | APPLICATION NO. FILING DATE  |  |   |   | FIRST NAMED INVENTOR                         |   |  | ATTORNEY DOCKET NO.                                       |   |   | CONFIRMATION NO.  |  |  |
| 09/612,914   | 07/10/2000   |  |   | Nabil Hanna   |  | 037003-0275543  |  |   | 75543   | 9512  |   |  |  |
| TITLE OF INVENTION: RECOMBINANT ANTI-CD4 ANTIBODIES  |  |  |   |   | APY  |   |  |   | .,,,,,,   |   |   |  |  |
|  |  |  |   |   |  |   |  |   |   |   |   |  |  |
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| APPLN. TYPE  | SMALL ENTITY   | TY ISSUE FEE DUE   |   | PUBLICATION FEE:  |  | PREV. PAID ISSU   | E FEE TOTAL FEE(S) DUE                           |   | DATE DUE  |   |   |  |  |
| nonprovisional   | YES  | \$720  |   | \$0   |  | \$0   |  | \$720   |   | 07/07/2008  |   |  |  |
| EXAMINER ART UNIT  |  |  | ART UNIT  | CLASS-SUBCLASS  | S  | ]   |  |   |   |   |   |  |  |
| YAEN, CHRISTOPHER H 1643   |  |  |   | 424-130100  |  |   |  |   |   |   |   |  |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37<br/>CFR 1.363).</li> </ol>  |  |  |   | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys  1 PILLSRURY WINTHROP   |  |   |  |   |   |   |   |  |  |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   |  |  |   | or agents OR, alternatively, SHAW PITTMAN LLP   |  |   |  |   |   | LLP   |   |  |  |
| Address from F 10/39/122) attached.  □ *Fee Address* indication (or *Fee Address* Indication form PFO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |  |  |   | (2) the name of a single firm (having as a member a registered attorney or segnant) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  |  |   |  |   |   |   |   |  |  |
| 3. ASSIGNEE NAME AN  | ID RESIDENCE DATA  | TOB  | E PRINTED ON '  |   |  |   |  |   |   |   |   |  |  |
| PLEASE NOTE: Unle<br>recordation as set forth  | ss an assignee is ident  | ified be   | low, no assignee  | data will appear on t   | he p   | atent. If an assign   | ee is id   | lentified   | below, the do   | ocument has   | been filed fo   |  |  |
| (A) NAME OF ASSIG  | NEE .  |  |   | (B) RESIDENCE: (C   | CITY   | and STATE OR C  | COUNT  | RY)   |   |   |   |  |  |
| Biogen Ide   |  | Cambridge, MA  |   |   |  |   |  |   |   |   |   |  |  |
| Please check the appropria   | nte assignee category or   | catego   | ries (will not be pr  | inted on the patent):   |  | Individual AC   | orporati   | on or oth   | er private gro  | sup entity [  | Governmen   |  |  |
| 4a. The following fee(s) as  | re submitted:  |  | 41  | . Payment of Fee(s):  |  | ise first reapply at  | ny prev  | iously p  | aid issue fee s   | shown above   | :)  |  |  |
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| 5. Change in Entity State  |  |  | )   |   |  |   |  |   |   |   |   |  |  |
| a. Applicant claims  |  |  |   | b. Applicant is no  |  |   |  |   |   |   |   |  |  |
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| Authorized Signature   | /thomas a ca   | wley   | jr/   |   |  | DateJ   | une  | 30,   | 2008  |   |   |  |  |
| Typed or printed name  |  |  |   |   |  | Registration N  |  | ,   |   |   |   |  |  |
| This collection of information an application. Confidents submitting the completed this form and/or suggestion Box 1450, Alexandria, Vindents Virginia, 2231.                          | tion is required by 37 C<br>ality is governed by 35<br>application form to the<br>ms for reducing this bu<br>rginia 22313-1450. DC<br>3-1450 | FR 1.3<br>U.S.C.<br>USPT<br>den, st<br>NOT   | 11. The information 122 and 37 CFR O. Time will vary totald be sent to the SEND FEES OR | on is required to obtain<br>1.14. This collection<br>depending upon the<br>e Chief Information C<br>COMPLETED FORM  | n or n<br>is est<br>indiv<br>Office<br>IS TO | retain a benefit by t<br>imated to take 12 i<br>ridual case. Any co<br>er, U.S. Patent and<br>D THIS ADDRESS  | he publ<br>minutes<br>mment<br>Traden<br>S. SENI | ic which<br>to comp<br>s on the<br>nark Offi<br>o TO: Co  | is to file (and<br>plete, includin<br>amount of tin<br>ce, U.S. Depa<br>ommissioner i | by the USP<br>g gathering,<br>ne you requi<br>artment of Co<br>for Patents, P | PO to process<br>preparing, and<br>re to complete<br>immerce, P.O.<br>P.O. Box 1450 |  |  |

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